

4261

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 63 ^v	
STANDARD CERTIFICATE OF DEATH							
COUNTY	Cochise	STATE	ARIZONA	REGISTERED NO.	2		
TOWNSHIP	17. R. 25 E.	OR VILLAGE	Pearce	WARD			
CITY		NO.	17 HOME RANCH	ST.			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE		YRS.		MOS.		DS.	
IN CITY OR TOWN WHERE DEATH OCCURRED		YRS.		MOS.		DS.	
2. FULL NAME Margaret H. A. Cartmell							
HOW LONG IN STATE WHEN DEATH OCCURRED 24 YRS. - MOS. - DS.							
(A) RESIDENCE: NO. 17 HOME RANCH 3 MILES NORTH OF PEARCE							
(USUAL PLACE OF ABODE)							
(IF NON-RESIDENT GIVE CITY, TOWN AND STATE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 17 1935			
Female	White	Widowed		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. A. Cartmell				Feb 14, 1935 TO Feb 14, 1935			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1857				I LAST SAW HIM ALIVE ON Feb 14, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:15 P. M.			
7. AGE	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
77	3		18	Chronic Rheumatism (Arteriosclerosis) Chronic Hypertension Degenerative Pulmonary Fibrosis			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				DATE OF ONSET 35 years			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Diabetes			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ula, City, Calif.				NAME OF OPERATION none DATE OF WHAT TEST CONFIRMED DIAGNOSIS? Diabetes THERE AN AUTOPSY? No			
13. NAME George Rose				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Kentucky				WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
15. MAIDEN NAME E. G. Harrkins				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Penn.				MANNER OF INJURY			
17. INFORMANT Harvey Cartmell (ADDRESS) Pearce, Ariz.				NATURE OF INJURY			
18. BURIAL, CREMATION, OR REMOVAL PLACE Pearce, Ariz. Feb. 18, 1935				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No			
19. EMBALMER { LICENSE NO. 199 SIGNATURE Frank H. Pottman FUNERAL DIRECTOR Frank H. Pottman ADDRESS Missoula, Mont.				IF SO, SPECIFY (SIGNED) P. P. Pottman M. D. (ADDRESS) Missoula, Mont.			
20. FILED Feb. 18, 1935 Registrar							